



Periodicals Order Form

No.	Periodical Title	Frequency	ISSN	Subscription (one year)		Remarks
				New	Renewal	
1						
2						
3						
Faculty / Staff Name		College	Department			

Faculty / Staff Signature: Department Chairperson Signature: Dean / Director Signature:

Library Use: Received Request Date: Librarian Signature: Director of the library Signature:
Remarks:

Send to: Acquisition section E-mail: s_alojaili@du.edu.om